

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

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Epidemiologic Notes and Reports

Adverse Drug Reactions Among Children Treated for Tuberculosis

Earlier this year CDC and the American Thoracic Society issued a joint statement on short-course chemotherapy of tuberculosis with the combination of isoniazid (INH) and rifampin (RIF) (1). Although that statement suggested that the recommended short-course regimen would be suitable for children, only limited data concerning the use of RIF in children had been published. Follow-up guidelines issued by CDC indicated that the frequency of hepatotoxic reactions to RIF or to a combination of RIF and INH in children might be 3% or more (2).

To define better the risk of drug-induced hepatotoxicity among children with tuberculosis treated with INH and RIF, the Tuberculosis Control Division at CDC conducted a retrospective survey. That division received 1,092 reports from centers in 22 states on children treated for tuberculosis during the past 3 years. Of these, 934 contained sufficient information on documented cases of tuberculosis to be included in the following analysis.

Initial drug regimens for patients by age and severity of disease are listed in Table 1. The initial phase of therapy, defined as the period from the initiation of therapy up to the time the drug regimen is changed, was greater than 10 months for 50% of the patients. INH-containing regimens were given to nearly all children (920, 99%), and for 155 (17%) INH was the only antituberculosis drug given. INH-RIF-containing regimens were the most commonly reported (377, 40%); there was a tendency for younger children with more severe disease to receive RIF. Among children not given RIF during the initial phase of chemotherapy, para-aminosalicylic acid (PAS) and ethambutol (EMB) were the most common drugs given with INH. Streptomycin (SM) was more likely to be added to other combinations for the treatment of severe disease than to be used with INH alone.

Total adverse reactions—that is, any adverse reaction attributed to the drug (e.g., rash, drug fever, gastrointestinal complaints such as nausea and vomiting, and hepatotoxic reactions to these drugs)—occurring during the initial phase of therapy in INH-containing regimens with and without RIF are listed in Table 2. Rates of total adverse reactions were similar for those receiving an INH-RIF regimen and those receiving an INH multidrug regimen without RIF. However, hepatotoxic reactions were 6 times more frequently reported among those receiving RIF. Of the 14 hepatotoxic reactions reported, 12 occurred among those receiving RIF and 2 among those not receiving RIF. Most hepatotoxic reactions (11/14) occurred during the first 90 days of therapy. When reported hepatotoxic reactions were examined more closely, only 8 of 14 were documented by SGOT* values >100 IU/l and/or by serum bilirubin >1.0 mg %. Of the remaining 6,

*Serum glutamic oxalopyruvic transaminase.

Drug Reactions — Continued

TABLE 1. Distribution of pediatric tuberculosis patients by age, disease severity,* and initial drug regimen,† United States, January 1977 through December 1979

Regimens	Total patients	Age (in years)					
		0-2		3-6		7-14	
		Severe	Not severe	Severe	Not severe	Severe	Not severe
Total regimens	934	88	312	34	240	33	227
INH-RIF regimens	377	57	128	14	82	14	82
INH-RIF	303	33	117	9	74	6	64
INH-RIF-SM	41	24	4	4	4	4	1
INH-RIF-EMB‡	24	0	2	1	2	3	16
INH-RIF-PAS	9	0	5	0	2	1	1
INH regimens with drugs other than RIF	388	26	123	17	105	16	101
INH-PAS	241	15	87	10	81	9	39
INH-EMB§	100	2	12	2	17	7	60
INH-PAS-SM	32	8	17	1	5	0	1
INH-SM	15	1	7	4	2	0	1
INH alone regimen	155	3	56	3	50	2	41
Other regimens without INH	14	2	5	0	3	1	3

*"Severe disease" includes progressive pulmonary, miliary, and/or meningeal tuberculosis; "not severe" includes primary pulmonary, lymphatic, and/or other types of tuberculosis.

†Drug codes: INH=isoniazid, RIF=rifampin, SM=streptomycin, EMB=ethambutol, and PAS=para-aminosalicylic acid.

‡Includes 2 patients who also received SM in addition to INH-RIF-EMB.

§Includes 2 patients who also received SM and 2 patients who received PAS in addition to INH-EMB.

TABLE 2. Adverse drug reactions among pediatric tuberculosis patients during the initial phase of therapy,* United States, January 1977 through December 1979

Regimens	Suspected drug†	Patients receiving drug	Total number (percent)	Hepatotoxic number (percent)
INH-RIF regimens		377	23 (6.1)	12 (3.2)
	INH	377	5 (1.3)	1 (0.3)
	RIF	377	15 (4.0)	9 (2.4)
	INH &/ or RIF	377	2 (0.5)	2 (0.5)
	EMB	24	1 (4.2)	0
INH regimens with drugs other than RIF		388	30 (7.7)	2 (0.5)
	INH	388	3 (0.8)	1 (0.3)
	PAS	275	16 (5.8)	0
	INH &/ or PAS	275	4 (1.5)	1 (0.4)
	EMB	100	1 (1.0)	0
	INH &/ or EMB	100	2 (2.0)	0
	SM	49	4 (8.2)	0
INH alone regimen	INH	155	5 (3.2)	0
Other regimens without INH		14	0	0

*Interval between initiation of therapy and change in initial drug regimen.

†Drug codes: INH=isoniazid, RIF=rifampin, SM=streptomycin, EMB=ethambutol, and PAS=para-aminosalicylic acid.

Drug Reactions — Continued

5 had levels of SGOT and bilirubin considered incompatible with hepatotoxicity, and one had neither value reported.

Among the 8 patients with probable hepatotoxicity, 7 received both INH and RIF. Six of these received INH >10 mg/kg and/or RIF >15 mg/kg, dosages higher than those recently recommended (2); another, while receiving lower than recommended dosages of INH and RIF, had a bilirubin of 2.4% and a peak SGOT of only 42 IU/l. The other patient received INH and EMB. During subsequent phases of therapy, 3 additional RIF-associated hepatotoxic reactions were reported. In the 2 cases documented by increases in SGOT, both patients were receiving higher-than-recommended dosages of INH or RIF. There was no apparent relationship between age or severity of disease and RIF-associated hepatotoxicity.

Reported by the Tuberculosis Control Div, Bur of State Services, CDC.

Editorial Note: Although these are preliminary findings, they indicate that the combination of INH-RIF is probably safe for treatment of tuberculosis in children. Furthermore, although the rate of hepatotoxicity is imprecisely ascertained in this type of study, these data do not suggest a need for a prospective study.

It might be expected that reporting bias would favor overreporting of RIF-associated hepatotoxicity. In this survey, however, the hepatotoxicity rate of 3.2% (Table 2) is similar to the rate of hepatotoxicity reported for adults treated with INH-RIF (3). Considering the possible reporting bias inherent in a retrospective survey and the fact that several of the hepatotoxic reactions reported in this study represented only mild liver dysfunction, it can be reasonably concluded that INH-RIF hepatotoxicity may be less frequent in children than in adults. The findings that all but one of the patients with probable hepatotoxicity received relatively high dosages of 1 or both drugs supports CDC's earlier recommendation to limit the dose of INH in children to 10 mg/kg and of RIF to 15 mg/kg (2).

As with adults treated with INH-RIF for tuberculosis, CDC suggests that pretreatment evaluation of children include hematocrit, white blood cell and platelet counts, BUN,† SGOT, and serum bilirubin. The necessity for routine biochemical monitoring is controversial, but patients should be carefully observed for clinical signs and symptoms of adverse drug reactions.

References

1. MMWR 1980;29:97-100, 105.
2. MMWR 1980;29:183-4, 189.
3. Cross FS, Long MW, Banner AS, Snider DE. Rifampin-isoniazid therapy of alcoholic and non-alcoholic tuberculosis patients in a U.S. Public Health Service cooperative therapy trial. *Am Rev Respir Dis* 1980;122:349-53.

†Blood urea nitrogen.

International Notes

Legionellosis — Italy

In September 1980, physicians at a hospital in Como, Italy, noted that several elderly patients admitted that month with pneumonia had recently stayed at a hotel in Lido del Savio on the Adriatic Coast. Results of serologic testing performed at the Istituto Superiore di Sanità in Rome suggested that some of these patients had had legionellosis

Legionellosis — Continued

(Legionnaires' disease), and an epidemiologic investigation was begun in collaboration with local, provincial, and regional authorities.

Review of the hospital records in Como and in 2 cities near Lido del Savio revealed 12 persons who had stayed at the hotel in question and had been hospitalized subsequently with pneumonia from July to October 1980. Two of these patients had died. Serum specimens from 6 of the survivors revealed seroconversion to *Legionella pneumophila* serogroup 1 in 2 patients and stable or single reciprocal titers ranging from 128 to 4096 in the other 4 upon testing with the indirect-fluorescent-antibody (IFA) method.

Members of a series of tour groups from the Como area had been among the guests staying at the hotel throughout the summer before it had closed for the end of the season on September 22. All participants in the last 2 groups of 50 persons each or their relatives were sought for interviews concerning activities at Lido del Savio, health status before and after departure from the hotel, and other possible risk factors for acquiring legionellosis. Of 94 persons for whom information was obtained, 21 (22%) had had a febrile illness with onset while at the hotel or within 2 weeks of departure. At least 9 (43%) of the 21 had been hospitalized, and one had died. Serum specimens were obtained from 85 (90%) of the 94 participants surveyed. Of 19 persons who had had febrile illnesses, 11 (58%) had serogroup 1 IFA reciprocal titers ≥ 128 , whereas titers ≥ 128 were found in

(Continued on page 597)

TABLE I. Summary — cases of specified notifiable diseases, United States

(Cumulative totals include revised and delayed reports through previous weeks.)

DISEASE	49th WEEK ENDING		MEDIAN 1975-1979	CUMULATIVE, FIRST 49 WEEKS		
	December 6, 1980	December 8, 1979		December 6, 1980	December 8, 1979	MEDIAN 1975-1979
Aseptic meningitis	151	173	84	6,982	8,031	4,446
Brucellosis	2	11	4	166	178	213
Chickenpox	3,577	3,093	3,093	172,715	186,357	171,091
Diphtheria	—	—	—	4	59	80
Encephalitis: Primary (arthropod-borne & unsp.)	18	26	25	1,066	1,042	1,138
Post-infectious	3	1	3	204	232	232
Hepatitis, Viral: Type B	386	338	338	17,073	13,940	14,066
Type A	553	663	663	26,518	28,036	28,921
Type unspecified	239	257	223	11,220	9,857	8,122
Malaria	51	35	9	1,836	759	508
Measles (rubeola)	61	144	195	13,321	13,148	21,651
Meningococcal infections: Total	56	51	32	2,488	2,436	1,671
Civilian	55	51	32	2,475	2,416	1,660
Military	1	—	—	13	20	20
Mumps	133	286	402	8,119	13,119	19,817
Pertussis	19	49	41	1,548	1,313	1,493
Rubella (German measles)	75	141	123	3,653	11,445	15,883
Tetanus	2	5	1	69	71	75
Tuberculosis	528	640	640	25,727	25,911	28,295
Tularemia	3	1	2	204	179	130
Typhoid fever	4	13	7	475	500	385
Typhus fever, tick-borne (Rky. Mt. spotted)	4	3	3	1,121	1,032	1,032
Veneral diseases:						
Gonorrhea: Civilian	19,917	22,140	19,484	949,452	945,162	945,162
Military	508	672	672	25,143	26,182	26,182
Syphilis, primary & secondary: Civilian	580	524	397	25,739	23,558	22,536
Military	9	16	6	299	308	308
Rabies in animals	110	73	46	5,960	4,735	2,885

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1980		CUM. 1980
Anthrax	1	Poliomyelitis: Total	8
Botulism Oreg. 1	64	Paralytic	6
Cholera	8	Psittacosis	99
Congenital rubella syndrome	46	Rabies in man	—
Laprox Mich. 1, Tex. 2, Calif. 2	209	Trichinosis N.J. 1, Tex. 1	108
Leptospirosis Fla. 1	70	Typhus fever, flea-borne (endemic, murine) Tex. 1	72
Plague	18		

All delayed reports and corrections will be included in the following week's cumulative totals.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending December 6, 1980, and December 8, 1979 (49th week)

REPORTING AREA	ASEPTIC MENIN- GITIS	BRU- CEL- LOSIS	CHICKEN- POX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS (VIRAL), BY TYPE			MALARIA	
						Primary		Post-in- fectious	B	A	Unspecified		
	1980	1980	1980	1980	CUM. 1980	1980	1979	1980	1980	1980	1980	1980	CUM. 1980
UNITED STATES	151	2	3,577	-	4	18	26	3	386	553	239	51	1,836
NEW ENGLAND	6	-	362	-	-	-	1	-	26	11	9	1	109
Maine	-	-	132	-	-	-	-	-	1	1	1	-	17
N.H.	-	-	37	-	-	-	-	-	-	-	-	-	7
Vt.	-	-	37	-	-	-	-	-	-	-	-	-	1
Mass.	2	-	48	-	-	-	-	-	7	2	8	-	56
R.I.	1	-	72	-	-	-	-	-	4	1	-	1	10
Conn.	3	-	36	-	-	-	1	-	14	6	-	-	18
MID. ATLANTIC	14	-	195	-	1	1	1	-	18	35	12	2	238
Upstate N.Y.	4	-	107	-	-	1	-	-	3	7	2	1	42
N.Y. City	4	-	13	-	1	-	1	-	2	-	2	1	65
N.J.	4	-	NN	-	-	-	-	-	13	28	8	-	61
Pa.	2	-	75	-	-	-	-	-	NA	NA	NA	-	70
E.N. CENTRAL	16	1	1,548	-	1	8	-	1	53	80	28	4	111
Ohio	6	1	192	-	-	6	-	1	7	12	6	-	19
Ind.	-	-	141	-	-	1	-	-	23	23	13	-	12
Ill.	3	-	393	-	-	1	-	-	6	19	2	4	45
Mich.	7	-	602	-	1	-	-	-	14	20	4	-	23
Wis.	-	-	220	-	-	-	-	-	3	6	3	-	12
W.N. CENTRAL	4	-	554	-	1	2	1	-	5	19	9	2	72
Minn.	-	-	-	-	-	-	-	-	1	5	1	1	28
Iowa	1	-	111	-	-	1	1	-	2	7	1	-	7
Mo.	2	-	-	-	1	-	-	-	1	4	7	1	14
N. Dak.	-	-	8	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	85	-	-	-	-	-	-	1	-	-	4
Nebr.	-	-	24	-	-	-	-	-	-	1	-	-	7
Kans.	1	-	326	-	-	1	-	-	1	1	-	-	12
S. ATLANTIC	24	-	319	-	-	2	3	1	98	65	33	6	194
Del.	-	-	6	-	-	-	-	-	-	2	-	-	-
Md.	1	-	-	-	-	1	2	-	17	4	13	-	32
D.C.	-	-	-	-	-	-	-	-	3	2	2	-	4
Va.	3	-	3	-	-	1	-	-	14	6	4	-	63
W. Va.	-	-	191	-	-	-	-	-	2	2	-	-	4
N.C.	7	-	NN	-	-	-	1	-	5	2	3	-	17
S.C.	2	-	17	-	-	-	-	-	14	5	2	1	11
Ga.	1	-	1	-	-	-	-	-	26	20	-	-	19
Fla.	10	-	101	-	-	-	-	1	17	22	9	5	44
E.S. CENTRAL	38	-	134	-	-	-	16	-	16	34	9	-	13
Ky.	1	-	124	-	-	-	-	-	1	9	-	-	3
Tenn.	1	-	NN	-	-	-	-	-	12	12	8	-	-
Ala.	36	-	2	-	-	-	2	-	3	1	1	-	8
Miss.	-	-	8	-	-	-	14	-	-	12	-	-	2
W.S. CENTRAL	16	1	83	-	-	2	1	-	39	79	50	6	173
Ark.	-	1	3	-	-	-	-	-	8	2	7	-	9
La.	5	-	NN	-	-	-	-	-	3	12	8	-	47
Okla.	5	-	-	-	-	-	-	-	8	5	3	-	12
Tex.	6	-	80	-	-	2	1	-	20	60	32	6	105
MOUNTAIN	4	-	185	-	-	-	-	-	17	54	31	2	91
Mont.	-	-	87	-	-	-	-	-	-	1	-	-	1
Idaho	-	-	1	-	-	-	-	-	1	1	-	-	2
Wyo.	-	-	-	-	-	-	-	-	-	-	-	-	-
Colo.	1	-	85	-	-	-	-	-	2	19	4	-	36
N. Mex.	-	-	-	-	-	-	-	-	2	11	2	-	6
Ariz.	1	-	NN	-	-	-	-	-	1	11	12	-	18
Utah	-	-	7	-	-	-	-	-	8	11	10	1	16
Nev.	2	-	5	-	-	-	-	-	3	1	3	1	11
PACIFIC	29	-	197	-	1	3	3	1	114	176	58	28	835
Wash.	-	-	179	-	1	-	-	-	4	5	3	-	52
Oreag.	2	-	1	-	-	-	-	-	10	12	1	2	47
Calif.	24	-	-	-	-	3	2	1	100	159	54	26	712
Alaska	-	-	14	-	-	-	1	-	-	-	-	-	6
Hawaii	3	-	3	-	-	-	-	-	-	-	-	-	18
Guam	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	3
P.R.	3	-	5	-	-	-	-	-	-	5	2	1	4
V.I.	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	-
Pac. Trust Terr.	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	2

NN: Not notifiable.

NA: Not available.

All delayed reports and corrections will be included in the following week's cumulative totals.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending December 6, 1980, and December 8, 1979 (49th week)

REPORTING AREA	MEASLES (RUBEOLA)			MENINGOCOCCAL INFECTIONS TOTAL			MUMPS		PERTUSSIS	RUBELLA		TETANUS
	1980	CUM. 1980	CUM. 1979	1980	CUM. 1980	CUM. 1979	1980	CUM. 1980	1980	1980	CUM. 1980	CUM. 1980
UNITED STATES	61	13,321	13,148	56	2,488	2,436	133	8,119	19	75	3,653	69
NEW ENGLAND	1	676	291	4	144	146	5	600	1	-	219	3
Maine	-	33	18	-	6	9	3	303	-	-	70	1
N.H.	-	331	33	-	8	14	-	22	-	-	39	-
Vt.	-	226	119	-	15	8	-	12	-	-	3	-
Mass.	1	59	15	2	51	58	2	131	1	-	77	1
R.I.	-	2	102	-	12	9	-	32	-	-	9	1
Conn.	-	25	4	2	52	48	-	100	-	-	21	1
MID. ATLANTIC	20	3,884	1,614	17	443	386	13	910	2	5	579	8
Upstate N.Y.	4	721	667	1	128	130	7	155	2	-	220	3
N.Y. City	5	1,204	841	2	106	86	2	103	-	-	101	2
N.J.	-	849	58	2	93	100	3	125	-	5	106	3
Pa.	11	1,110	48	12	116	70	1	527	-	-	152	3
E.N. CENTRAL	7	2,455	3,446	5	289	289	69	3,084	5	9	861	7
Ohio	-	380	294	1	95	118	34	1,229	1	-	8	2
Ind.	1	94	226	-	44	48	2	145	-	7	369	2
Ill.	6	353	1,532	3	61	27	4	401	2	2	175	1
Mich.	-	250	861	1	72	77	24	949	2	-	129	2
Wis.	-	1,378	533	-	17	19	5	360	-	-	180	2
W.N. CENTRAL	1	1,322	1,827	2	107	78	7	318	-	-	204	4
Minn.	1	1,106	1,218	-	35	18	-	20	-	-	28	1
Iowa	-	-	16	1	14	14	-	55	-	-	9	1
Mo.	-	65	422	1	39	34	-	101	-	-	42	1
N. Dak.	-	1	21	-	2	1	-	-	-	-	5	-
S. Dak.	-	-	2	-	6	4	-	4	-	-	2	-
Nebr.	-	83	73	-	-	-	-	9	-	-	1	-
Kans.	-	67	75	-	11	7	7	125	-	-	117	1
S. ATLANTIC	1	1,981	2,131	17	585	592	15	1,090	5	7	361	12
Del.	-	3	1	-	2	5	-	40	-	-	1	-
Md.	-	83	16	-	52	57	5	348	-	1	72	1
D.C.	-	5	-	-	2	-	1	5	-	-	1	-
Va.	-	339	287	4	62	81	-	74	-	3	60	3
W. Va.	-	18	65	3	24	15	3	125	-	-	27	1
N.C.	-	130	114	-	98	92	-	99	-	1	48	3
S.C.	-	159	182	1	65	65	1	211	-	-	55	3
Ga.	-	835	576	4	112	86	-	11	3	-	-	-
Fla.	1	409	890	5	168	191	5	177	2	2	97	2
E.S. CENTRAL	14	349	263	4	207	168	5	886	-	-	87	7
Ky.	-	57	39	1	64	35	3	759	-	-	43	2
Tenn.	-	172	71	3	57	49	2	34	-	-	39	3
Ala.	-	22	129	-	55	39	-	30	-	-	3	-
Miss.	14	98	24	-	31	45	-	63	-	-	2	-
W.S. CENTRAL	2	988	945	3	262	345	1	296	1	2	153	18
Ark.	-	16	7	-	19	28	-	22	-	-	4	5
La.	-	13	257	-	95	121	-	68	-	-	13	1
Okla.	-	776	22	1	24	38	-	-	-	-	6	-
Tex.	2	183	659	2	124	158	1	206	1	2	130	10
MOUNTAIN	1	505	330	1	104	97	1	224	-	4	165	-
Mont.	-	2	56	-	3	14	-	60	-	-	45	-
Idaho	-	-	18	-	6	10	-	16	-	-	22	-
Wyo.	-	-	36	-	6	1	-	-	-	-	1	-
Colo.	-	24	71	-	25	8	1	64	-	-	12	-
N. Mex.	-	14	38	-	11	6	-	-	-	-	5	-
Ariz.	1	408	80	1	19	36	-	46	-	4	45	-
Utah	-	47	19	-	5	9	-	29	-	-	29	-
Nev.	-	10	12	-	29	13	-	9	-	-	6	-
PACIFIC	14	1,161	2,301	3	347	335	17	711	5	48	1,024	10
Wash.	-	177	1,153	-	64	63	3	146	1	-	88	-
Orng.	-	1	66	-	54	28	1	90	-	-	65	-
Calif.	14	971	997	3	218	228	13	442	4	48	854	10
Alaska	-	6	17	-	11	6	-	13	-	-	12	-
Hawaii	-	6	68	-	-	10	-	20	-	-	5	-
Guam	NA	6	13	-	1	1	NA	10	NA	NA	2	-
P.R.	4	174	381	-	11	7	1	153	-	-	28	12
V.I.	NA	6	6	-	1	3	NA	2	NA	NA	-	-
Pac. Trust Terr.	NA	10	10	-	-	1	NA	21	NA	NA	1	-

NA: Not available.

All delayed reports and corrections will be included in the following week's cumulative totals.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending
December 6, 1980, and December 8, 1979 (49th week)

REPORTING AREA	TUBERCULOSIS		TULA- REMIA	TYPHOID FEVER	TYPHUS FEVER (Tick-borne) (RMSE)		VENEREAL DISEASES (Civilian)						RABIES (in Animals)	
							GONORRHEA			SYPHILIS (Pri. & Sec.)				
	1980	CUM. 1980	CUM. 1980	1980	CUM. 1980	1980	CUM. 1980	CUM. 1979	1980	CUM. 1980	CUM. 1979	CUM. 1980		
UNITED STATES	528	25,727	204	4	475	4	1,121	19,917	949,452	945,162	580	25,739	23,558	5,960
NEW ENGLAND	14	717	6	-	13	-	14	726	24,174	23,201	9	490	481	59
Maine	-	50	-	-	1	-	-	13	1,342	1,636	-	6	10	27
N.H.	-	17	-	-	-	-	-	18	845	866	-	6	19	7
Vt.	-	24	-	-	-	-	-	8	530	613	-	6	3	-
Mass.	8	401	4	-	8	-	7	327	10,201	9,128	9	302	267	14
R.I.	3	70	1	-	1	-	2	25	1,542	1,879	-	31	19	1
Conn.	3	155	1	-	3	-	5	335	9,714	9,079	-	139	163	10
MID. ATLANTIC	51	4,095	3	1	90	-	48	1,450	106,888	104,314	91	3,544	3,606	70
Upstate N.Y.	15	793	1	-	16	-	14	221	19,157	18,195	11	305	272	38
N.Y. City	23	1,480	1	1	40	-	3	550	42,697	40,899	56	2,301	2,456	-
N.J.	-	896	1	-	21	-	19	185	19,183	18,785	2	410	463	13
Pa.	13	926	-	-	13	-	12	494	25,861	26,435	22	528	415	19
E.N. CENTRAL	105	3,699	2	-	50	-	32	3,752	146,903	148,550	67	2,615	2,924	910
Ohio	32	690	-	-	14	-	19	1,662	39,072	40,862	14	358	575	54
Ind.	4	406	-	-	-	-	2	111	15,413	12,810	4	186	200	72
Ill.	20	1,273	-	-	18	-	6	1,133	45,780	46,792	26	1,586	1,641	500
Mich.	40	1,102	2	-	11	-	3	653	33,191	34,684	21	391	430	15
Wis.	9	228	-	-	7	-	2	193	13,447	13,402	2	94	78	269
W.N. CENTRAL	15	947	29	1	29	-	54	902	45,918	46,784	6	351	294	1,950
Minn.	5	194	1	1	4	-	-	179	7,509	7,685	6	117	83	237
Iowa	2	89	1	-	2	-	3	132	4,822	5,559	-	31	30	462
Mo.	1	423	24	-	19	-	34	381	20,568	20,134	-	156	133	366
N. Dak.	3	51	-	-	1	-	-	17	646	832	-	4	2	229
S. Dak.	-	49	1	-	1	-	2	24	1,308	1,534	-	6	2	414
Nebr.	-	36	1	-	1	-	5	37	3,470	3,367	-	12	7	93
Kans.	4	105	1	-	1	-	10	132	7,595	7,673	-	25	37	149
S. ATLANTIC	107	5,622	13	-	44	1	696	4,755	237,912	228,119	116	6,160	5,587	486
Del.	-	67	-	-	1	-	2	135	3,412	3,736	-	19	29	2
W.D.	19	688	4	-	3	-	74	565	25,563	28,063	8	420	363	32
D.C.	7	349	-	-	4	-	-	269	16,263	15,208	7	454	436	-
Va.	-	568	1	-	8	-	93	205	21,733	21,906	9	548	454	28
W. Va.	8	205	-	-	5	-	5	41	3,200	3,099	1	17	50	26
N.C.	13	1,003	3	-	5	1	317	655	36,338	33,230	10	455	417	20
S.C.	19	491	-	-	3	-	141	605	22,219	21,344	7	364	294	62
Ga.	8	777	5	-	-	-	57	996	46,520	43,084	32	1,750	1,540	242
Fla.	33	1,474	-	-	15	-	7	1,284	62,664	58,449	42	2,133	2,004	74
E.S. CENTRAL	37	2,385	10	-	12	2	115	1,758	77,334	79,873	42	2,119	1,564	332
Ky.	9	536	-	-	3	1	20	218	11,178	10,818	2	125	151	141
Tenn.	8	775	7	-	1	-	61	622	28,082	28,754	26	896	633	138
Ala.	8	615	1	-	3	-	17	658	23,202	23,513	14	458	290	53
Miss.	12	459	2	-	5	1	17	260	14,872	16,788	-	640	490	-
W.S. CENTRAL	78	2,926	91	2	77	1	140	2,843	119,807	121,117	158	5,186	4,265	1,343
Ark.	11	316	59	-	8	-	35	144	9,634	9,666	7	210	154	178
La.	1	541	-	-	2	-	3	509	21,317	21,715	54	1,304	1,069	16
Okl.	11	317	21	-	6	1	73	206	11,921	12,022	2	103	83	235
Tex.	55	1,752	11	2	61	-	29	1,984	76,935	77,714	95	3,569	2,959	914
MOUNTAIN	15	735	34	-	26	-	17	672	36,244	37,974	4	637	494	241
Mont.	-	32	9	-	1	-	3	19	1,368	1,902	-	5	9	57
Idaho	2	27	1	-	1	-	2	55	1,613	1,668	-	27	26	2
Wy.	-	22	4	-	-	-	2	19	1,041	1,067	-	12	8	17
Colo.	2	130	8	-	7	-	5	224	9,941	10,117	4	170	103	54
N. Mex.	5	132	2	-	3	-	4	105	4,445	4,664	-	112	91	45
Ariz.	6	315	1	-	7	-	-	95	9,492	10,593	-	209	147	56
Utah	-	49	6	-	7	-	1	46	1,846	1,927	-	18	5	9
Nev.	-	28	3	-	-	-	-	109	6,498	6,036	-	84	105	1
PACIFIC	106	4,601	16	-	134	-	5	3,059	154,272	155,230	87	4,637	4,343	569
Wash.	3	392	-	-	3	-	-	NA	12,736	13,813	NA	216	217	-
Oreg.	10	179	4	-	9	-	1	163	10,527	9,868	1	105	161	4
Calif.	89	3,875	11	-	120	-	4	2,767	124,192	123,849	86	4,168	3,849	518
Alaska	-	60	1	-	-	-	-	82	3,775	4,716	-	8	25	47
Hawaii	4	95	-	-	2	-	-	47	3,042	2,984	-	140	91	-
Guam	NA	54	-	NA	1	NA	-	NA	99	109	NA	5	-	-
P.R.	-	271	-	-	8	-	-	42	2,595	2,054	15	586	547	52
V.I.	NA	-	-	NA	-	NA	-	NA	108	149	NA	10	11	-
Pac. Trust Terr.	NA	35	-	NA	-	NA	-	NA	379	460	NA	-	1	-

NA: Not available.

All delayed reports and corrections will be included in the following week's cumulative totals.

TABLE IV. Deaths in 121 U.S. cities,* week ending
December 6, 1980 (49th week)

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P & I** TOTAL	REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P & I** TOTAL
	ALL AGES	>65	45-64	25-44	<1			ALL AGES	>65	45-64	25-44	<1	
NEW ENGLAND	815	565	176	31	23	74	S. ATLANTIC	1,494	907	367	104	56	47
Boston, Mass.	255	167	63	12	7	33	Atlanta, Ga.	184	111	41	10	9	3
Bridgeport, Conn.	41	27	11	1	1	1	Baltimore, Md.	295	190	70	15	10	3
Cambridge, Mass.	38	30	8	-	-	5	Charlotte, N.C.	77	46	23	4	1	9
Fall River, Mass.	31	26	5	-	-	1	Jacksonville, Fla.	134	78	35	9	5	8
Hartford, Conn.	52	35	10	4	2	1	Miami, Fla.	150	85	38	13	4	4
Lowell, Mass.	33	24	8	1	-	3	Norfolk, Va.	72	40	19	6	3	4
Lynn, Mass.	32	24	8	-	-	-	Richmond, Va.	82	51	23	2	5	2
New Bedford, Mass.	17	11	5	-	-	1	Savannah, Ga.	49	28	16	2	1	3
New Haven, Conn.	56	42	9	2	2	2	St. Petersburg, Fla.	93	77	13	2	1	3
Providence, R.I.	88	50	23	4	3	7	Tampa, Fla.	94	65	17	4	5	4
Somerville, Mass.	11	9	2	-	-	-	Washington, D.C.	210	104	60	33	7	4
Springfield, Mass.	53	31	12	2	7	5	Wilmington, Del.	54	32	12	4	5	-
Waterbury, Conn.	39	23	4	2	-	7							
Worcester, Mass.	69	56	8	3	1	8							
MID. ATLANTIC	2,977	1,984	628	204	82	126	E.S. CENTRAL	673	405	172	46	29	38
Albany, N.Y.	55	34	13	3	4	-	Birmingham, Ala.	81	45	24	9	2	1
Allentown, Pa.	24	19	5	-	-	1	Chattanooga, Tenn.	55	32	12	4	3	5
Buffalo, N.Y.	153	88	47	7	8	3	Knoxville, Tenn.	47	29	12	3	2	8
Camden, N.J.	51	32	11	4	-	1	Louisville, Ky.	131	84	22	11	10	8
Elizabeth, N.J.	36	28	5	2	-	-	Memphis, Tenn.	151	100	40	7	1	11
Erie, Pa.	40	29	9	2	-	2	Mobile, Ala.	43	18	20	3	1	1
Jersey City, N.J.	59	34	14	7	3	4	Montgomery, Ala.	48	30	11	4	2	3
Newark, N.J.	86	38	20	14	9	2	Nashville, Tenn.	117	66	31	5	8	9
N.Y. City, N.Y.	1,820	1,238	370	130	33	73	W.S. CENTRAL	1,352	809	337	88	54	45
Paterson, N.J.	25	16	4	4	1	1	Austin, Tex.	69	47	11	5	4	4
Philadelphia, Pa.	214	140	38	14	12	14	Baton Rouge, La.	30	19	6	3	1	3
Pittsburgh, Pa.	64	40	21	2	1	-	Corpus Christi, Tex.	26	17	4	2	1	1
Reading, Pa.	40	29	8	1	1	2	Dallas, Tex.	196	116	46	15	9	4
Rochester, N.Y.	116	88	19	3	4	10	El Paso, Tex.	77	41	17	8	5	3
Schenectady, N.Y.	17	12	4	1	-	-	Fort Worth, Tex.	102	70	20	4	5	5
Scranton, Pa.	31	27	3	-	1	5	Houston, Tex.	190	95	52	20	10	5
Syracuse, N.Y.	57	32	18	3	2	1	Little Rock, Ark.	84	40	33	5	3	4
Trenton, N.J.	41	24	10	5	2	3	New Orleans, La.	178	114	52	3	3	12
Utica, N.Y.	29	23	4	1	1	3	San Antonio, Tex.	203	131	47	9	5	2
Yonkers, N.Y.	19	13	5	1	-	1	Shreveport, La.	62	41	16	-	3	2
							Tulsa, Okla.	135	78	33	14	5	1
E.N. CENTRAL	2,550	1,572	663	154	80	68	MOUNTAIN	833	464	194	88	45	31
Akron, Ohio	72	42	20	3	3	-	Albuquerque, N.Mex.	75	35	21	10	5	-
Canton, Ohio	47	33	13	-	-	2	Colorado Springs, Colo.	40	25	10	1	1	3
Chicago, Ill.	628	372	159	48	30	10	Denver, Colo.	167	91	39	14	18	5
Cincinnati, Ohio	168	102	50	7	3	15	Las Vegas, Nev.	164	63	45	40	3	3
Cleveland, Ohio	184	110	50	11	5	1	Ogden, Utah	16	11	3	1	-	4
Columbus, Ohio	122	73	24	9	2	5	Phoenix, Ariz.	175	114	36	9	10	1
Dayton, Ohio	294	168	88	24	5	1	Pueblo, Colo.	31	17	10	-	-	4
Detroit, Mich.	52	39	9	1	3	1	Salt Lake City, Utah	63	39	7	5	6	4
Evansville, Ind.	79	49	16	10	-	1	Tucson, Ariz.	102	69	23	8	2	7
Fort Wayne, Ind.	12	5	4	-	1	1							
Gary, Ind.	87	68	10	2	4	4	PACIFIC	1,984	1,297	430	137	62	69
Grand Rapids, Mich.	181	106	58	8	4	4	Berkeley, Calif.	28	22	3	1	1	1
Indianapolis, Ind.	45	28	10	1	4	2	Fresno, Calif.	97	65	17	10	5	5
Madison, Wis.	51	123	39	8	8	-	Glendale, Calif.	21	13	6	1	1	-
Milwaukee, Wis.	183	34	13	3	2	11	Honolulu, Hawaii	68	39	16	9	2	3
Peoria, Ill.	61	39	14	4	1	3	Long Beach, Calif.	76	47	20	6	1	3
Rockford, Ill.	58	46	10	1	1	3	Los Angeles, Calif.	609	402	121	48	15	16
South Bend, Ind.	66	32	24	6	1	2	Oakland, Calif.	73	48	15	7	3	5
Toledo, Ohio	69	51	14	1	1	1	Pasadena, Calif.	47	33	9	1	2	3
Youngstown, Ohio							Portland, Oreg.	97	64	20	5	5	1
W.N. CENTRAL	829	555	178	38	29	25	Sacramento, Calif.	66	42	14	3	5	3
Des Moines, Iowa	69	48	15	4	-	1	San Diego, Calif.	199	126	47	16	5	-
Duluth, Minn.	20	14	2	1	1	2	San Francisco, Calif.	183	115	45	11	6	2
Kansas City, Kans.	50	37	7	2	2	1	San Jose, Calif.	188	119	50	9	1	12
Kansas City, Mo.	143	87	37	10	4	3	Seattle, Wash.	125	80	31	7	5	5
Lincoln, Neb.	35	25	8	1	1	3	Spokane, Wash.	62	47	12	1	2	6
Minneapolis, Minn.	79	52	15	4	4	3	Tacoma, Wash.	45	35	4	2	3	4
Omaha, Neb.	104	66	26	3	6	1							
St. Louis, Mo.	188	127	42	7	5	2	TOTAL	13,507	8,558	3,145	890	460	523
St. Paul, Minn.	88	65	13	5	3	4							
Wichita, Kans.	53	34	13	1	3	5							

*Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

**Pneumonia and influenza

†Because of changes in reporting methods in these 4 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

Legionellosis — Continued

only 4 (6%) of the 66 non-ill members of the cohort (chi square = 23.8, $p < 0.0001$). Nine of the 10 hotel employees had a single serum titer of ≤ 128 . One employee had a titer of 256.

Environmental sampling was performed at the hotel and in the immediate vicinity. The hotel is not air-conditioned, and no cooling towers are located nearby. The potable water supply to the rooms is chlorinated and comes from a municipal aqueduct, although an older system supplied by a nearby well is unchlorinated and still in use for watering plants in the hotel garden. Water obtained from several showers and sinks in guest rooms as well as from a stagnant pool of surface water adjacent to a drainage canal near the hotel contained fluorescent bacilliform structures upon examination with the direct-fluorescent-antibody (DFA) technique, using a polyvalent fluorescent conjugate of antiserum to serogroups 1 through 4 of *L. pneumophila*. One seawater sample was negative by the DFA technique. Attempts to culture *L. pneumophila* from selected environmental sites is now in progress.

No association was demonstrated between either febrile illness or antibody titers and frequency of showering at the hotel or visiting the area of the drainage canal.

Reported by Prof. G Giannatasio, Sant'Anna Hospital, Como; Prof. S Ranieri, Prof. C Morgagni, Dr. A Zappi, Santa Maria delle Croci Hospital, Ravenna; Prof. W Telò, San Giorgio Hospital, Cervia; Prof. F Berganini; Prof. ML Profeta, Institute of Virology, University of Milan, Milano; Prof. M La Placa, Institute of Microbiology, Sant'Orsola Hospital, University of Bologna, Bologna; Dr. A Gavavvoni, Province Medical Office, Como; Dr. MG Lippi, Dr. A Ancisi, Dr. N Montanari, Dr. E Tartagni, Ravenna Social-Health Consortium, Ravenna; Dr. A Sacchetti, Dr. R Parisi, Office of the Emilia Romagna Health Assessor, Bologna; Dr. V Carreri, Dr. C Porro, Office of the Lombardy Health Assessor, Milano; Prof. L Giannico, Director General of Public Health Services, Ministry of Health, Dr. M Mazzotti, Dr. M Castellani-Pastoris, Laboratory of Bacterial and Viral Diseases; Prof. A Zampieri, Dr. D Greco, Dr. F Rosmini, Dr. F Forastiere, Laboratory of Epidemiology and Biostatistics, Istituto Superiore di Sanità, Roma, Italy; Office of the Director, and Special Pathogens Br, Bur of Epidemiology, CDC.

Editorial Note: Outbreaks of legionellosis have occurred in several European countries including Great Britain, Portugal, and Spain (1,2). Sporadic cases have been reported from several other countries. Although cases with onset as early as 1973 have been associated with Italy (1,3,4), this is the first well-documented outbreak there. Of particular interest is the association with a resort hotel on the seacoast; outbreaks of legionellosis in Spain and Portugal also occurred in this setting. *L. pneumophila* has been isolated from potable water sources in association with other outbreaks of legionellosis, although firm epidemiologic data have not conclusively demonstrated potable water as the vehicle of spread (5,6). The source of the bacterium and the means of contamination have been elusive, although transient breakdowns in water systems were documented around the time of possible exposure in 1 instance (6).

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Current Trends

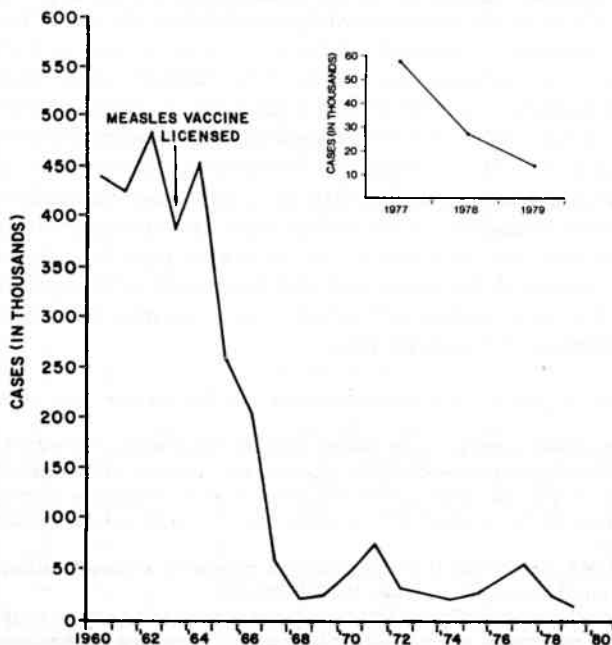
Measles — United States, 1977-1980

The number of measles cases reported weekly in 1980 has been lower than in 1979 for 26 of the 47 weeks,* including 15 of the last 17 weeks. During the first 47 weeks of 1980, 714 of the nation's 3,144 (22.7%) counties reported measles. During all of 1979, 910 counties reported measles. Thus far, 45 states and the District of Columbia have had at least 1 consecutive 4-week period in 1980 free of reported measles cases.

However, during the first 47 weeks of 1980, 13,198 cases of measles were reported in the United States, an increase of 2.4% over the number reported for the comparable period in 1979. The 13,597 cases reported during all of 1979 represented the lowest number ever reported, a 49.4% decrease from 1978 and a 76.3% decrease from 1977 (Figure 1). In 1979, only 2 states, Washington and Minnesota, reported a measles incidence ≥ 100 cases/100,000 population ≤ 18 years of age. In contrast, 6 states in 1978 and 14 states in 1977 reported similarly high incidence rates.

The estimated age-specific incidence of measles in each age group declined 60%-80% from 1977 to 1979 (Table 3). The greatest decline occurred in 10- to 14- and 15- to 19-year-olds. Despite the marked reductions in measles incidence, persons 10 years of age and older still accounted for more than 55% of the reported cases with known age. The highest estimated measles incidence rate was reported in 10- to 14-year-olds in all 3 years; however, the differences in the incidence of measles among all age groups from 0 to 19 years diminished between 1977 and 1979.

FIGURE 1. Reported measles cases, United States, 1960-1979



*The 47th reporting week ended November 22.

Measles — Continued

TABLE 3. Percent distribution of reported measles cases and estimated incidence* by age group, United States, 1977-1979

Age (years)	1977			1978			1979			Percent changes 1977-1979	
	Total cases	Percent distribution	Estimated cases per 100,000	Total cases	Percent distribution	Estimated cases per 100,000	Total cases	Percent distribution	Estimated cases per 100,000	Percent	Cases per 100,000
<5	5,843	14.1	53.0	2,772	18.4	32.3	2,331	20.7	18.0	-60.1	-66.0
5-9	10,498	25.2	84.2	3,601	23.9	38.0	2,473	21.9	18.1	-76.4	-78.5
10-14	14,231	34.2	102.1	4,723	31.4	45.4	3,054	27.1	20.4	-78.5	-80.0
15-19	9,447	22.7	61.7	3,273	21.8	27.9	2,633	23.3	15.2	-72.1	-75.4
20+	1,559	3.8	1.5	668	4.4	0.8	786	7.0	0.6	-49.6	-60.0
Total with known age	41,578	72.5		15,037	56.0		11,277	82.9			
Unknown age	15,767	27.5		11,834	44.0		2,320	17.1			
TOTAL	57,345	100.0	26.5	26,871	100.0	12.3	13,597	100.0			

*Estimated incidence per 100,000 population is calculated by extrapolating the percent age distribution of cases with known age to the total cases.

Reported by the Surveillance and Assessment Br, Immunization Div, Bur of State Services, CDC.

Editorial Note: Reported measles incidence in 1980 is higher than in 1979 because of increased reports of measles cases during the spring and early summer months (1). Recent reported measles activity has been at record low levels, indicating interruption of transmission in most areas of the country.

The estimated age-specific data on the incidence of measles indicate a dramatic decline in incidence in all age groups from 1977 to 1979. The risk of disease in 1979 was similar in all age groups from 0 to 19 years. The trend towards increasing incidence of measles in 10- to 14- and 15- to 19-year-olds, observed between 1973 and 1977, has been reversed (2). This reduction in the incidence of measles follows the national childhood immunization initiative of 1977-1979 and the announcement of the goal to eliminate measles from the United States by October 1, 1982 (3).

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Influenza — United States

The first reported outbreak of influenza this season in the contiguous states occurred in October in a San Francisco nursing home (1); it was caused by influenza A(H3N2). Since that time, 10 states—Arizona, California, Colorado, Connecticut, Massachusetts, Nevada, New Jersey, New Mexico, New York, and Pennsylvania—and the District of Columbia have isolated influenza viruses; all of these isolates have been similar to A/Bangkok/79(H3N2). Isolations have been made from nursing home patients, college students, and hospital staff, and from hospitalized preschool children, primary school children, and adults. In Colorado and Massachusetts, increased school absenteeism was reported concurrent with the isolation of virus.

Some areas are reporting only sporadic cases. One isolate was obtained from a 68-year-

Influenza — Continued

old man in Nevada with chronic heart and lung disease; he had onset of illness November 27 and died 4 days later.

An outbreak in a nursing home in Los Angeles County, California, began in mid-November with most cases having onset between the 18th and 24th. Thirty-seven of 77 (48%) residents had upper respiratory infection noted; 25 (68%) of these had elevated temperature. Four of 6 specimens collected on November 21 yielded A(H3N2) influenza virus. Three patients (a 82-year-old female, a 78-year-old male, and a 87-year-old male) died during the course of the outbreak. None of the patients had received vaccine this year.

Outbreaks of influenza-like illness also occurred in 2 New York City nursing homes in November. One, in which 14 of 16 patients showed a ≥ 4 -fold rise to influenza A virus and 3 of 8 cultures grew influenza A(H3N2) virus, occurred in Queens in the period November 5-21. Clinical illness was noted in 168 of 304 (55%) residents, and 2 deaths due to pneumonia were reported. The second outbreak, in Brooklyn, involved 74 of 189 (39%) patients, who had onset of illness from November 23 to December 5; cultures and serologic results are pending. Vaccination programs were in progress in each institution when the outbreaks occurred.

Two small hospital outbreaks have been reported: one in Pennsylvania involving 35 employees, and one in Boston involving 7 staff members and patients. In each outbreak, influenza A(H3N2) virus was isolated.

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1. MMWR 1980;29:530.

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